

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Garamendi for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D269688

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2010

Amount of Each Disbursement this Period

10000.00

B. Full Name (Last, First, Middle Initial)
NGP Software Inc.

Mailing Address 1225 I Street NW Ste. 1225

City Washington State DC Zip Code 20005-5918

Purpose of Disbursement
return of refund incorrectly issued

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D269621

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2010

Amount of Each Disbursement this Period

5708.99

SUBTOTAL of Disbursements This Page (optional)

15708.99

TOTAL This Period (last page this line number only)

15708.99